## UNIVERSITY of HOUSTON | GRADUATE SCHOOL

## **GRAD/PROF PETITION for POSTHUMOUS DEGREE**

gradschool@uh.edu

"State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the university collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect."

Last First Middle Student Information Program Term  myUH ID: Contact Phone Number: Plan Code  UH EMAIL: QUH.EDU Students are required to maintain a valid destination email address in their myUH account objective to begin the approval process.	d and their degree
NOTE: Unless otherwise stated and approved, all petitions are effective at the start of the next acc All administrative actions become effective the day they are processed, unless otherwise stipulate approved via petition. All petitions should be submitted to the advising office in the department of	d and their degree
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	jective
PURPOSE OF PETITION	jective
1. Update program status/action (defer, term activate, discontinue, etc)  2. Admissions status change (ex: conditional to unconditional)  3. Add new concurrent degree objective (career/program/plan)  4. Change current degree objective (program/plan)	
5. Degree requirement exception (provide explanation below)  6. Leave of Absence (provide explanation) (Attach supporting documentation)  7. Reinstatement to discontinued career (provide attached explanation)  8. Request to apply to graduate filing period deadled the late filing period deadled to apply to graduate filing per	
9. Transfer Credit Institution Name Start Term: Year: 10. Other:  [One Institution per petition] City/State/Zip End Term: Year:	
Description of Credit  Hours Previously Transferred:  Requested Transfer Hours:	
EXPLANATION OF REQUEST	
STUDENT SIGNATURE	
REQUIRED APPROVALS ACADEMIC OFFICE USE ONLY	
Thesis Advisor or Department Chair	
APPROVED DISAPPROVED Signature Print Name Date/	
Dean of the College	
APPROVED DISAPPROVED Signature Print Name	
Vice Provost/Dean of the Graduate School	
APPROVED DISAPPROVED Signature Print Name	
Senior Vice President/Provost	
APPROVED DISAPPROVED Signature Print Name	
President	
APPROVED DISAPPROVED Signature Print Name	